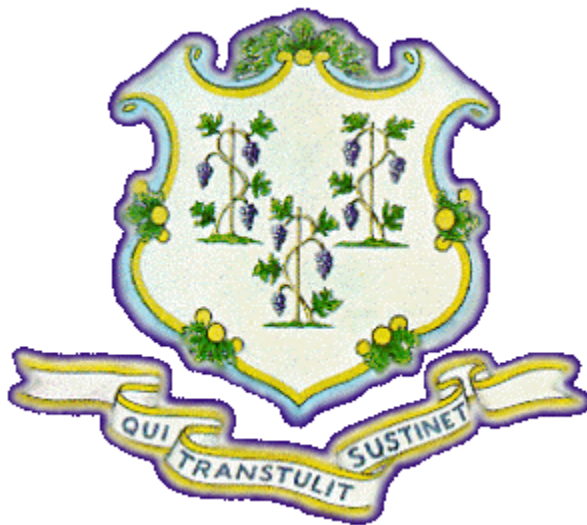


STATE OF CONNECTICUT SUPPLIER DIVERSITY PROGRAM CERTIFICATION APPLICATION



Mailing Address:
Department of Administrative Services (DAS)
Business CONNections/Supplier Diversity
165 Capitol Ave., Room G-8A
Hartford, CT 06106
Telephone: (860) 713-5236
Fax: (860) 713-7457
Web Address: www.das.state.ct/busopp.asp



Please contact us at the number above if you need this application in an alternate format.

A small business enterprise (SBE) is defined as any company who has:

- Been doing business under the same ownership and management and has maintained its principal place of business in Connecticut for at least one year immediately prior to the date of application;
- Gross revenues not exceeding \$10,000,000 during its most recent fiscal year; and,
- 51% ownership held by a person(s) who exercises the operational authority over daily affairs of the business, has the power to direct policies and management, and receives beneficial interests of the business.

Does your firm meet the definition of a small business enterprise (SBE)? Yes _____ No _____

If the answer to this question is no, your company is not currently eligible for certification.

A minority business enterprise (MBE) is defined as any company who :

- A small business **(must meet the above-stated SBE criteria)** with at least 51% ownership by one or more minority person(s) who exercises operational authority over daily affairs of the business, has the power to direct the management and policies, and receives beneficial interests of the business.
- Who is considered a minority? A person(s) who is American Indian, Asian, Black, Hispanic, has origins in the Iberian Peninsula, a woman, and an individual with a disability according to the Americans with Disabilities Act (ADA). (See program information for more details.)

Does your firm meet the definition of a minority business enterprise (MBE)? Yes _____ No _____

If your firm meets the above criteria, complete this application in its entirety and supply all requested supporting documentation. Failure to do so may delay processing.

1) FEIN (Federal Employer Identification Number): _____

Or SSN (if no FEIN) The number provided will be displayed in our directory

2) Legal Business Name: _____

3) Business Address: _____
(P.O. Box only will not be accepted)

City/Town: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

City/Town: _____ State: _____ Zip Code: _____

4) Local Telephone: _____ FAX: _____
(Toll free numbers only if number is in the State of CT)

*E-Mail: _____ Company Web-site: _____
(Every e-mail address must contain an "at sign" (@) within an e-mail address) (Every web site address must begin with "www.")

*Contact Person _____ (Please list only one individual.)

*email and contact person must be complete to process application

5) Identify the Principal(s) and/or Officer(s) of the company:

Name(s) of Present Principals/Titles

% of Ownership

_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____
_____ / _____	_____

6) Type of Business: (Check only one)

☐ Corporation

Date of Incorporation ____/____/____

☐ Sole Proprietorship

Date Established ____/____/____

☐ General Partnership

Date of Partnership ____/____/____

☐ Limited Liability Partnership

Date of Partnership ____/____/____

☐ Limited Liability Company (LLC)

Date of LLC ____/____/____

7) Organization Type: (Check only one)

☐ Manufacturer or Producer

☐ Service Establishment

☐ Retail Dealer - Type 1 (merchandise is not in stock; orders per request)

☐ Retail Dealer - Type 2 (has stock on hand in a warehouse)

☐ Wholesale Dealer - Type 1 (merchandise is not in stock; orders per request)

☐ Wholesale Dealer - Type 2 (has stock on hand in a warehouse)

☐ Construction

☐ Research and Development

☐ Surplus Dealer

8) Date Business was first established: ____/____/____

Company must have been in business for at least one year prior to application.

☐ Bought existing business

☐ Merger/consolidation

☐ Secured franchise

☐ Other (specify): _____

9) Number of years company has been owned and managed by **present** owner: _____

10) Month of fiscal year end: _____ Certification period is determined by this month.

11) Total Gross Receipts (or estimated) for the most recently completed fiscal year: \$ _____

(This figure must agree with the submitted Federal Tax Return or Accountant's letter. Companies with gross receipts of up to \$6 million will be certified for up to two fiscal years. Companies over \$6 million will be certified for up to one fiscal year. All information pertaining to gross receipts is confidential.)

12) Indicate your company's bonding capacity or amount indicated on a letter of credit:

\$ _____ (if applicable)

13) Indicate the dollar amount of largest project/contract your company has had in the past two years: \$ _____ (Project/Contract could be the same as purchase order)

14) Number of employees: _____ (This must agree with the Employment Information Form (DAS45) – Attached)

15) Provide the names of the individuals in your business who hold licenses, permits and/or PUC leases (including all trades licenses such as PUC, electrical, demo, engineering).

Name(s) of Individuals	Type of License	Date of License	Exp. Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16) Please provide a **brief** description of products and services your company directly

provides: Description must not exceed 250 characters including spaces. This will appear on both the certificate and on-line directory.

17) Enter the corresponding seven (7) digit codes (4-digit class plus 3-digit subclass) in the

space provided below. You must enter a complete 4 digit class plus a 3 digit subclass to be listed in those commodities; use back of page if necessary. Please use the Internet Site www.das.state.ct.us (Commodity Codes Master List) for help in identifying the commodity class and subclass. If a commodity code is indicated which requires a license, this license must be submitted with application.

CLASS	SUBCLASS	CLASS	SUBCLASS	CLASS	SUBCLASS	CLASS	SUBCLASS

If your commodity code(s) does not appear on the commodity code list, provide a detailed description of your product or service provided. Please feel free to attach a company brochure.

18) Does any owner (or the company itself) have ownership in any other business?

Yes _____ No _____

Ownership is implied if an individual (or the company itself) owns 20% or more of the applying company and 20% or more of another company (considered an affiliate). If yes, the Federal Tax Return for the affiliate company(ies) must be submitted with this application. To be eligible for the Supplier Diversity Program, the combined total gross receipts for all companies **cannot** exceed \$10,000,000.

If yes, provide detailed description of any and all involvement:

Provide name(s) of affiliate company(ies), FEIN, and percentage of ownership of each company(ies):

19) Please provide a written statement, signed and notarized by a Notary Public, detailing the education pertaining to the business, experience in the business, current duties, current responsibilities, and the percentage of time devoted to the business by the majority owner(s).

20) Does the business or any person listed in this certification package have or intend to enter into any type of agreement with any other concern or person which relates to or affects the ongoing administration, management or operations of the applicant's business?

Yes _____ No _____ If yes, attach copies of all such agreements.

21) If applying for certification of your business enterprise as minority-owned, woman-owned or owned by a person(s) with a disability, select one or more of the following categories: A minority is a person who is a citizen or lawful permanent resident of the United States and who is included in one of the following categories:

Minority Category	Female	% of Ownership	Male	% of Ownership
___ American Indian	_____	_____ %	_____	_____ %
___ Asian American	_____	_____ %	_____	_____ %
___ Black American	_____	_____ %	_____	_____ %
___ Hispanic American	_____	_____ %	_____	_____ %
___ Iberian Peninsula	_____	_____ %	_____	_____ %
___ Individual with a disability	_____	_____ %	_____	_____ %
___ White	_____	_____ %		

Companies applying for Minority Business Enterprise (MBE) certification **must** include the following:

Copy of a birth certificate, U.S. marriage license, or other government document that clearly shows the race or ethnic affiliation of the **majority owner(s)** who are members of one of the above categories;

Person with a disability must include copies of medical documentation stating that the physical impairment substantially limits one or more of the major life activities of the individual as defined by the Americans with Disabilities Act (ADA). Documentation must be provided for the majority owner(s).

We have listed some organizations and their requirements which may be of interest to you. Please indicate in the appropriate spaces below if you would like your company contact information provided to the following programs:

The City of New Haven Small Business Initiative Program _____ **Yes, please refer**
165 Church Street
New Haven, Ct.
203 946-6550

- Small Business with gross revenues not exceeding five million in the most recently completed fiscal year.
- Minority Business defined as African American, Hispanic American, and Women.
- Department of Administrative Services certified or pre-certified by the Small Business Initiative Program for no longer than one year.
- Doing business under the same ownership and management and have maintained the principal place of business in the New Haven Market Area for a period of at least one year immediately prior to the date of application for registration as SBE.

Connecticut Minority Supplier Development Council, Inc. _____ **Yes, please refer**
4133 Whitney Ave
Hamden, Ct. 06518
203 288-9744

- For certification purposes, a minority owned business is a small business concern that is 51% owned and operated by ethnic minority individual(s), who control the management and daily business operations.
- Ethnic minority individuals include African Americans, Asian Americans, Asian-Indian Americans, Asian-Pacific Americans, Hispanic Americans and Native Americans.
- All certified companies are required to undergo annual re-certification.

Disadvantaged Business Program _____ **Yes, please refer**
Department of Transportation
2800 Berlin Turnpike
Newington, Ct. 06131
860 594-2169

- Social and Economic Disadvantage: U.S. citizens or lawfully admitted permanent residents who are women, Black Americans, Hispanic Americans, Native Americans, Asian Americans and Sub-Continent Asian Americans are identified as socially and economically disadvantaged. Personal net worth cannot exceed \$750,000.
- Ownership and Control: A firm must be 51% owned by socially and economically disadvantaged individuals. They must also possess the power to direct decisions on matters of management, policy and operations.
- Business Size: A firm must be an existing small business as defined by the Small Business Administration standards.

Affidavit of Applicant

Read the following paragraphs carefully! Your signature on this application indicates acceptance and understanding of the conditions.

Omission of information may delay processing.

Applicant Agrees to allow the Connecticut Department of Administrative Services representatives access and the right to a site visit of the applicant's place of business.

The Connecticut Department of Administrative Services reserves the right to request further information from the applicant prior to certification.

Applicant Agrees to immediately notify the Connecticut Department of Administrative Services of all facts that would result in a failure to satisfy the program requirements.

The Connecticut Department of Administrative Services may terminate certification at any time for good cause in accordance with the administrative policies established by the Connecticut Department of Administrative Services.

Joint Venture Certification Application: A Small Business Enterprise and a Minority Business Enterprise applying for joint venture certification must each be previously certified by Department of Administrative Services as a SBE or MBE on or before the date of application as indicated on the joint venture statement.

All information in this application is true and accurate and is submitted for consideration of certification. It is understood that the Connecticut Department of Administrative Services shall rescind the certificate of eligibility through the use of false information or misrepresentation and the Department shall report such action to the appropriate State Attorney and the Office of the Attorney General. A civil penalty not to exceed ten thousand dollars (\$10,000) may be imposed on the contractor found in violation.

If the Connecticut Department of Administrative Services discovers that a statement has been made herein which the applicant knows to be false, the certification process will be terminated immediately.

The undersigned hereby swears under penalty of law that all statements made in this application are true.

Business Name _____

Signature of Proprietor, all Partners, or President of Corporation:

Signature	Date	Print Name
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Signature	Date	Print Name
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STATE OF CONNECTICUT
COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES (CHRO)
WORKPLACE ANALYSIS AFFIRMATIVE ACTION REPORT
EMPLOYMENT INFORMATION FORM

Company Name Street Address City State	Contact Person	Phone Number	Date
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Report all permanent full-time or part-time employees, including apprentice and on-the-job trainees.

Enter the number on all lines and in all columns.

JOB CATEGORY	A OVERALL TOTALS <small>(Sum of all columns, A-F Male & Female)</small>	B WHITE <small>(NOT OF HISPANIC ORIGIN)</small>		C BLACK <small>(NOT OF HISPANIC ORIGIN)</small>		D HISPANIC		E ASIAN / PACIFIC ISLANDER		F AMERICAN INDIAN OR ALASKAN NATIVE		G PHYSICALLY DISABLED	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials/Managers													
Professionals													
Technicians													
Sales Workers													
Office/Clerical													
Craft Workers (Skilled)													
Operatives(Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTALS ABOVE													
Do you use minority businesses as subcontractors or suppliers? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				Explain:									
Are your goods, services and facilities accessible and usable to individuals with disabilities? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				Explain:									
Do you use an Affirmative Action Plan? <div style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>				Explain:									

Please submit required documentation with application. The items in the first checklist are required for all business structures. For additional requirements, use the appropriate business structure checklist to insure completeness:

- _____ Sales and Use Tax Permit (If applicable)
For information on permits contact the Department of Revenue Services 1-800-382-9463
- _____ Copy of License(s) (If applicable) See #17 of application.
For information on licenses contact the Department of Consumer Protection at 1-800-842-2649
- _____ Copy of the Firm's **Entire** Federal Tax Return – Most recent fiscal year end. **Sole Proprietorship – Schedule C only.** If this is not available, a letter on your company's accountant's letterhead with the estimated gross receipts is acceptable. Without either of these documents, the application cannot be reviewed for eligibility.
- _____ Copy of Affiliate Company's **Entire** Federal Tax Return – Most recent fiscal year end. If this is not available, a letter on the company's accountant's letterhead with the estimated gross receipts is acceptable. Without either of these documents, the application cannot be reviewed for eligibility. See # 18 of application
- _____ Notarized statement required for all companies. See #19 of application.
- _____ Agreements with other concerns which relates to the ongoing administration. (If applicable)
- _____ Copy of Birth Certificate, Marriage License, or other government document that clearly shows the race or ethnic affiliation of the **majority owner(s)** who are members of a minority. (If applicable.) See #21 of application
- _____ Medical documentation stating the physical impairment substantially limits one or more of the major life activities of the individual with a disability as defined by the Americans with Disabilities Act (ADA) (If applicable) See #21 of application
- _____ Employment Information Form - DAS 45(Attached)

Corporation

- _____ Certificate of Incorporation
- _____ Organization & First Annual Report
For information pertaining to this document contact the Secretary of State at (860) 509-6003
- _____ Most Recent Annual Report filed with the Secretary of State
For information pertaining to this document contact the Secretary of State at (860) 509-6003
- _____ By-Laws (Complete)
- _____ Minutes of Most Recent Board Meeting
- _____ Stock Certificates (Copies of all executed certificates)

Sole Proprietorship

- _____ Trade Name Certificate (from Town Clerk's Office)

General Partnership

- _____ Copy of General Partnership Agreement
- _____ Trade Name Certificate (from Town Clerk's Office)

Limited Liability Partnership

- _____ Copy of Limited Partnership Agreement
- _____ Trade Name Certificate (from Town Clerk's Office)
- _____ Certificate of Limited Liability Partnership
For information pertaining to this document contact the Secretary of State at (860) 509-6003
- _____ Most Recent Annual Report filed with the Secretary of State (including the list of Partners of the company)
For information pertaining to this document contact the Secretary of State at (860) 509-6003

Limited Liability Company (LLC)

- _____ Copy of Operating Agreement
- _____ Articles of Organization
- _____ Most Recent Annual Report filed with the Secretary of State
For information pertaining to this document contact the Secretary of State at (860) 509-6003